2/4/2021

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DS BUSINESS CONSULTANTS, LLC

Account Number : I20190000087 Phone : (954)256-8117

Fax Number : (954)271-3304

**Enter the email address for this business entity to be used to ture annual report mailings. Enter only one email address please

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN URAYEN TRAVEL LLC

Certificate of Status	1
Certified Copy	0
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Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tailahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URAYEN TRAVEL LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) anbility Company)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 11, 2021	and assigned
Florida document number 1.21000026806		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
URUYEN TRAVEL LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "ELC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		: 42
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

inm:	TAY	Care	Fort	Lauderd.	l'ax:	1954271:	304

MGR = Manager

Fax: (850) 617-6383

Page: 5 of 6

02/04/2021 2:22 PM

□Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

To:

AMBR = A	uthorized Member		
Title	Name	Address	Type of Action
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
		TALL ALL	Change
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			n №
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove

We want to correct the name of (he company, the correct name	is: URUYEN TRAVEL	LLC	
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			<u>. </u>	
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's	e specific and cannot be prior to dat c does not meet the applicable s	e of filing or more than 90	(optional) days after filing.) Pur sents, this date will	rsuant to 605.02 not be listed
ecord specifies a delayed effective c is filed.	late, but not an effective time, a	at 12:01 a.m. on the earl	ier of: (b) The 90)th day after t
red FEBRUARY 04	. 2021			
ž	Ingel CorreaMedina			
	gnature of a member or authorized			

Filing Fee: \$25.00